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Receipt

ATTORNEY DOCKET NO. M004.P001U1
SERIAL NO. 09/858,403
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Collings, III

Serial No. 09/858,403

Filed: 05/16/01

For: "Event Notification System"

Group Art Unit: 2152

Examiner: (not yet assigned)

RECEIVED

APR 23 2002

Technology Center 2100

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

BOCKHOP & REICH, LLP
3235 Satellite Blvd.
Bldg. 400, Suite 300
Duluth, Georgia 30096

March 27, 2002

Sir

Applicant recently received the Filing Receipt in the above-referenced case, that incorrectly listed the inventor as "John K. Colling III" whereas the correct name of the inventor, as shown in the Transmittal and in the Declaration and Power of Attorney is "John K. Collings III" (the final "s" was omitted from the inventor's last name).

Therefore, Applicant respectfully requests that a Corrected Filing Receipt be issued so as to show the inventor listed as "John K. Collings III."

No addition fees are believed due. However, the Commissioner is hereby authorized to charge any additional fees which may be required, including any necessary extensions of time, which are hereby requested, to Deposit Account No. 501403.

3/27/02
Date


Bryan W. Bockhop
Registration No. 39,613



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SERIAL NO. 09/858,403

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being placed in the U.S. Mail on
the date written below.


Bryan W. Bockhop, Esq.

3/27/02
Date

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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2462

SERIAL NUMBER 09/858,403	FILING DATE 05/16/2001 RULE	CLASS 709	GROUP ART UNIT 2152	ATTORNEY DOCKET NO. M004.P001U1
APPLICANTS John K. Colling III, Mableton, GA; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/213,372 06/23/2000 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/16/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 8	TOTAL CLAIMS 65
				INDEPENDENT CLAIMS 8
ADDRESS Bryan W. Bockhop, Esq. Suite 300 3235 Satellite Blvd. Bldg. 400 Duluth ,GA 30096				
TITLE Event notification system				
FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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